مستشفيات أندلسية
ANDALUSIA HOSPITALS
الشلالات

RADIOLOGY REQUEST FORM

(External)

Patient:00125817 - حسام ابراهيم سليم سليم

Age:49	Sex:Male	Height:	Weight:

Location:Second Floor - Intensive Care Unit (ICU) - ICU BED -13

Treating Physician:Dr.Consultant mohamed ibrahim afefy

Adimssion Date Time:2022/11/17 01:30 PM

Examination Requested : MRI Brain ediff, MRA

☐ With contrast ☑ Without contrast

Diagnosis :

Clinical findings: c/o Syncope

Allergies: Patient's Weight: Weight 108 kg

Patient isolated: ☐ Yes ☑ No

MRI Type: ☐ Open MRI ☑ closed MRI

Case History
☐ History of plate and screw fixations.
☐ History of cardiac/Vascular stents or pacemakers.
☐ Available Previous examinations (CT/MRI).

Pregnancy (if applicable): ☐ Yes ☐ No	Special needs during transportation:
Needs to be accompanied by ER Physician: ☑ Yes ☐ No	
Need Anesthesiologist : ☑ Yes ☐ No	

TITLE	NAME	SIGNATURE	DATE	TIME
Treating physician	11/17			

APPROVALS*					
Department	Approval		Comments	NAME	Signature
	Yes	No			
Receivables Accounting (cash)					
Marketing Department (credit)					
Duty Manager					

SCHEDULING INFORMATION**		
Transportation:	DATE	TIME
Examination:	DATE	TIME
Destination:		
ER Physician Notified:	☐ Yes ☐ No	
Unit Nurse Notified:	☐ Yes ☐ No	
Radiology Secretary Name:		
Radiology Signature:		

* Ambulance transportatio fees should be considered at approval ** to be filled by the Radiology department